



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Workforce Solutions
Bureau of Workforce Programs

TO: **Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

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BWP OPERATIONS MEMO

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Non W-2 ☒ W-2 ☐ CC ☐

PRIORITY: High

SUBJECT: **BADGERCARE PREMIUM REFUNDS FOR NATIVE AMERICAN /
ALASKAN NATIVE TRIBAL MEMBERS**

EFFECTIVE DATE: Immediately

PURPOSE

This memo informs tribal outreach workers and local economic support agency staff (ES) of the policy and process to refund part of the BadgerCare premium to native American or Alaskan native tribal members with BadgerCare eligible children.

BACKGROUND

The Balanced Budget Act of 1997 prohibits states from collecting Title XXI premiums from eligible households/families that include Native American or Alaskan Native children. In discussions with local tribal leaders, the Division of Health Care Financing has determined that the premiums charged for BadgerCare cannot include any portion that would apply to these children. In order to automate this change in CARES, we need to:

1. Make changes in which individuals would identify themselves as fitting the federal definition of a person of Native American or Alaskan Native heritage; **and**
2. Make changes to the premium calculation logic.

While this work is on our "CARES To Do List", it will not occur in the near future.

Since BadgerCare was implemented on July 1, 1999, Wisconsin has been collecting full premiums from households with Native American/Alaskan Native children eligible for BadgerCare with income at or above 150% of the federal poverty level. Until the CARES changes can be made, Wisconsin has developed a process for EDS to manually correct premium amounts for qualifying Native Americans/Alaskan Native children for BadgerCare cases.

This method was put in place so that:

1. Native Americans paying BadgerCare premiums can receive a refund of the portion of the BadgerCare premium that is designated for children. The refund is 35.7% of the premium amount, regardless of the number of children in the household eligible for BadgerCare. This could also reduce the premium to \$0.00, in cases in which the child is the only BadgerCare eligible member of the household.
2. Native American BadgerCare cases can be sent premium coupons for future benefit months containing the correct, reduced premium amounts.

REFUND POLICY

The individuals that are eligible to receive a refund of part, or all, of their BadgerCare premium must meet **all** of the following criteria:

1. Have a child in the household that is:
 - a. A Native American or Alaskan Native tribal member, **or**
 - b. A natural or adoptive child of a Native American or Alaskan Native tribal member, **or**
 - c. Possesses a letter identifying the child as a descendant of a Native American or Alaskan Native tribal member, **or**
 - d. A natural or adoptive child of a household member that possesses a letter identifying the child as a descendent of a Native American or Alaskan Native tribal member, **and**
2. Have a child in the household that is eligible for BadgerCare, **and**
3. Have paid a premium for BadgerCare sometime after July 1, 1999.

These individuals are eligible to get a refund of 35.7% of their BadgerCare premium amount(s) retroactive to July 1, 1999. This percentage has been designated as the child's premium share.

Example: If a family was paying a \$30.00 BadgerCare premium for 3 months, the refund would be \$10.71 per month, for a total of \$32.13 for the 3 months.

Premiums for each eligible family identified will be reviewed for all benefit months for which a premium was paid to determine the amount of the refund. Consideration will be made for changes in monthly premium amounts and household composition. Please use caution when talking to a client about their refund, because their premium may have changed over time.

IDENTIFICATION OF NATIVE AMERICAN / ALASKAN NATIVE BADGERCARE PREMIUM PAYERS ELIGIBLE FOR A REFUND

Tribal outreach workers have been designated as the persons responsible to notify eligible BadgerCare recipients of the availability of the refund.

Tribal outreach workers may use any of the methods listed below, with approval from their tribe, to notify Native American/Alaskan Native families of the availability of the refund:

1. Tribal newspapers,
2. Brochures,
3. Public speaking engagements,
4. Signs in tribal health clinics or other places tribal members use frequently,
5. Face-to-face meetings,
6. Telephone contacts, or
7. Any other means available.

REFUND PROCESS

Once an eligible family has been identified as receiving a refund the tribal outreach worker will initiate the manual refund process. Communications and networking between ES and the tribal outreach workers are encouraged by DHCF. This will allow the ES worker to assist the client with contacting the tribal outreach worker. Use the Wisconsin Medicaid Tribal Agencies list (see attached) to refer potential BadgerCare refund clients to the nearest tribal agency.

The tribal outreach worker must complete the following steps to make a refund request:

1. Check with the client to determine if they are willing to obtain a refund.
2. Confirm the tribal membership of the parent or the child that claims to be a Native American/Alaskan Native tribal member or possesses a letter identifying them as a descendent of a tribal member.
3. Complete the BadgerCare Premium Refund Form (see attached). Copy the form as needed.

More than 1 family may be listed on each Refund Form.

When completing this form, list only the casehead's name (contact the local agency, if necessary, to identify the casehead) and his/her Medicaid ID number. The casehead will be the one issued the refund in the form of a check.

4. Sign and date the Refund Form. Please include a phone number where you can be reached.
5. Mail or fax the Refund Form to:

BC Premium Unit
Attn: Premium Refunds
P.O. Box 6648
Madison, WI 53716-06
Fax: (608) 251-1513

6. Retain a copy of the completed Refund Form in the case files for at least 6 months. Remember that these forms contain confidential information, so keep them in a secure location.

Forms may be mailed or faxed as needed (daily, weekly, or monthly).

Do not fax or mail forms for tribal members if they do not have to or have not paid a BadgerCare premium. Send in the refund form as needed for each tribal member.

Refund requests will initially take two to four weeks to process. However, once a member has been identified as being eligible for a premium refund, you will not need to include that tribal member on another Refund Form. EDS will continue to monitor the case that has been issued a refund and will provide corrected premium coupons for any subsequent premiums that are owed. In a case where the premium ends and then later resumes, EDS will also be monitoring and issuing corrected BadgerCare coupons without the tribal outreach worker re-sending the case on a Refund Form.

CASE MONITORING

ES workers can see the adjusted premium on the Medicaid Management Information System (MMIS) on the BD screen. The changes in premium will not be reflected in the CARES premium records.

ES workers are not required to issue notices regarding the refunds or reduced premium amounts. If one of your clients has a question about whether or not they are receiving a refund and/or a reduced premium amount, s/he should contact the Recipient Services Hotline at 1-800-362-3002.

CONTACT

DWS CARES Information and Problem Resolution Center

Email: carpolcc@dwd.state.wi.us
Phone: 608-261-6317 (Option #1)
Fax: 608-266-8358

Note: Email contacts are preferred. Thank you.

Wisconsin Medicaid Tribal Agencies

Tribal Name/Address	Phone Number	E-Mail Address
Bad River Tribal Agency P.O. Box 55 Odanah, WI 54861	(715) 682-7114 (715) 682-7883 – fax	Badw2@win.bright.net
Forest County Potawatomi P.O. Box 340 Crandon, WI 54520	(715) 478-7362	None.
Lac du Flambeau P.O. Box 67 Lac du Flambeau, WI 54538	(715) 588-3303 (715) 588-2413	None.
Oneida Tribal P.O. Box 365 Oneida, WI 54155	(920) 869-2752 (920) 833-6841 (920) 869-1668 – fax	None.
Red Cliff Tribal Red Cliff Family Services Dept. P.O. Box 529 Bayfield, WI 54814	(715) 779-3706 (715) 779-3704 – fax	None.
St. Croix Tribal Agency P.O. Box 287 Hertel, WI 54846	(715) 349-2195 (715) 349-7520 – fax	None.
Sokaogon Chippewa Tribal Rt. 1, Box 625 Crandon, WI 54520	(715) 478-3265	None.
Stockbridge-Munsee Tribal P.O. Box 70 Bowler, WI 54416	(715) 793-4862	None.

BADGERCARE PREMIUM REFUND FORM

CONFIDENTIAL INFORMATION

Casehead Last Name	Casehead First Name	MA ID #	Date of Birth

Outreach worker's signature and date.

(_____) _____

Outreach Worker Telephone number (for problems with transmission or for questions about the refund form).

Multiple families may be listed on this form. List only one member of a family. The casehead should be used for this form. Please sign and date this form and include a telephone number where the BC Premium Unit may contact you if there is a problem with the transmission or questions about the refund form.

The Outreach Worker may complete premium rebate forms daily or weekly. Forms may be mailed or faxed to:

BC Premium Unit
ATTN.: Premium Refunds
P.O. Box 6648
Madison, WI 53716-0648
Fax Number (608) 251-1513

Outreach workers may copy this form. Completed copies of this form should be kept in a secured place (e.g., locked file cabinet or locked drawer). Copies should be retained for at least six months in case there are any questions concerning the refunds or this form.